

**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/672,943
Filing Date	09/26/2003
First Named Inventor	Chris Nunez
Art Unit	2171
Examiner Name	Unassigned
Attorney Docket Number	10486/6

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- ☐ all the attorneys/agents of record.
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number 30076

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

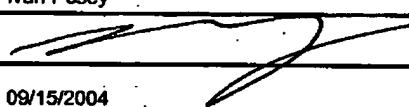
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<input checked="" type="checkbox"/> Firm or Individual Name	Michael Marquand		
Address	20 Fairbanks		
Address	Suite 198		
City	Irvine	State	CA
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Telephone	949-639-3503	Fax	949-639-3588
Name	Ivan Posey		
Signature			
Date	09/15/2004	Registration No.	43,865
		Telephone No.	310-712-8311

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**From:** Ivan Posey  
**Direct Dial:** 310-712-8311  
**Date:** September 15, 2004  
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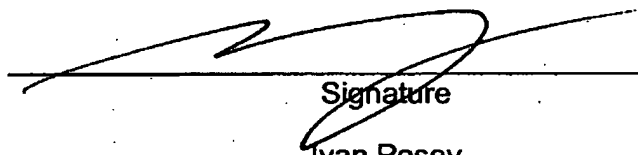
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Re: USSN 10/672,943

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Transmittal Form (PTO/SB/21);

Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (PTO/SB/83).

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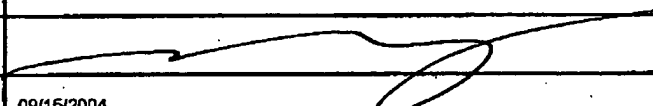
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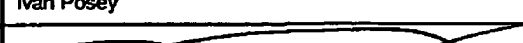
<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/672,943
		Filing Date	09/26/2003
		First Named Inventor	Chris Nunez
		Art Unit	2171
		Examiner Name	Unassigned
Total Number of Pages in This Submission	4	Attorney Docket Number	10486/6

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet Certificate of Mailing Request for Withdrawal
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Ivan Posey
Signature	
Date	09/15/2004

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Typed or printed name	Ivan Posey		
Signature		Date	09/15/2004

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